. 1	MULTIPLE DEPENDENT CLAIM			10/549537				
•	FEE CALCULATION SHEET (FOR USE WITH FORM PTO-175)			10/	5495	31		
Act.								
	AS FILED	AFTER	AFTER	CLAIMS				
1 +	IND. DEP.	MANGEOPHENT	AND AMERICANT		AS FILED	AFTER	AFTER	
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